



## ***APPLICATION FOR MOTOR CARRIER OF PASSENGER PERMIT CHECK LIST***

**NEW INTRASTATE CARRIER TRANSPORTING PASSENGERS IN CHARTER BUS  
TRANSPORTATION OPERATING FROM POINT TO POINT WITHIN GEORGIA.**

1. Did you contact your insurance company and have them file a **"FORM E"** proof of commercial liability insurance? (Minimum required: \$100,000/\$500,000/\$50,000)
2. Did you include **\$50.00** registration fee in the form of a **MONEY ORDER, CASHIER'S CHECK OR CERTIFIED CHECK?** (We do not accept, company checks or personal checks.)
3. If you are a corporation, did you attach a copy of your **Certificate of Incorporation and Articles?**
4. **DID YOU ATTACH A COPY OF THE ANNUAL INSPECTION REPORT FOR EACH VEHICLE?** (A copy of the annual inspection form will be required each year.)
5. Did you complete the **STATEMENT CERTIFYING IDENTIFICATION OF VEHICLES and SAFETY AWARENESS FORM** and have it notarized?

**CARRIERS WITH INTERSTATE REGULATED AUTHORITY** (crossing state lines) registered through Federal Highway Administration.

1. Did you attach a **copy** of your **Single State Registration Receipt** showing the number of buses registered for Georgia? (If you paid vehicle fees through Single State Registration, do not fill out the **Form IR-1/IE-1 nor remit \$5.00 per vehicle.**)
2. If you are a Georgia carrier with **INTERSTATE** authority and have not registered that authority with the Georgia Department of Motor Vehicle Safety, call (404) 362-6474 for instructions.

**IF YOUR APPLICATION IS INCOMPLETE AND DOES NOT INCLUDE THE ABOVE INFORMATION  
IT WILL BE RETURNED TO YOU.**

If you need additional information or assistance, contact DMVS at (678) 413-8575.

**APPLICATION FOR  
MOTOR CARRIER OF PASSENGER PERMIT**

**TO: Department of Motor Vehicle Safety  
Commercial Vehicle & Compliance Section  
2206 East View Pkwy., P.O. Box 80447  
Conyers, Georgia 30013**

**DATE:** \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_  
(DOING/BUSINESS/AS)

**PRINCIPAL PLACE OF BUSINESS ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS ABOVE)**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone Number(\_\_\_\_) \_\_\_\_\_

**TYPE OF MOTOR CARRIER: (Check one)**

( ) Individual

( ) Partnership

( ) Corporation

**IF CORPORATION, ATTACH A COPY OF CERTIFICATION** from Secretary of State or in State where incorporated which shows approval of corporate name and give state in which incorporated:

\_\_\_\_\_

List name of partners or officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PROCESS AGENT:**

If your company is based in a state other than Georgia please list below your process agent for the state of Georgia.

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**INTERSTATE AUTHORITY:**

Do you hold authority from the Federal Highway Administration? ( ) Yes ( ) No

If the answer is **Yes**, please give your MC Number. MC \_\_\_\_\_

Does your company have a U.S. Dot Number? ( ) Yes ( ) No

If **Yes**, please give your U.S. Dot Number. U.S. DOT No. \_\_\_\_\_

**SAFETY AWARENESS:**

Is your company familiar with the DMVS's safety and/or hazardous materials regulations and are you prepared to conduct your operation in accordance with these regulations? ( ) **Yes** ( ) **No**

Will your company maintain its vehicles used in transportation for compensation under its motor carrier of passenger permit in a safe operating condition and in compliance with the DMVS's safety and hazardous materials rules and regulations? ( ) **Yes** ( ) **No**

Please provide physical address of office or terminal where documents supporting your safety program can be inspected. \_\_\_\_\_

Please give a general overview of the types of buses you intend to operate below; i.e., **vans, mini buses, motorcoaches, etc.**

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Subscribed and sworn to before me,

This \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

(\_\_\_\_) \_\_\_\_\_  
Telephone # of Person signing Application

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

## **STATEMENT CERTIFYING IDENTIFICATION OF VEHICLES**

GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY  
Commercial Vehicle & Compliance Section  
2206 East View Parkway, P.O. Box 80447  
Conyers, Georgia 30013

I certify that all vehicles to be operated under the authority granted by the Georgia Department of Motor Vehicle Safety will be durably marked on both sides of the body or cab the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of 50 feet while the vehicle is not in motion, with the following information:

- (1) Legal name or single trade name;
- (2) Principle place of domicile (for vehicles with a GVWR under 10,000 lbs  
or vehicles with a GVWR over 43,000 lbs.) <sup>1 2</sup>
- (3) Assigned USDOT number (for vehicles with a GVWR over 10,000 lbs.)

Signed by: \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Telephone Number

Subscribed and sworn to before me,

This \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

<sup>1</sup>The city and state of your principal place of business.

<sup>2</sup>GVWR means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and cannot be changed, except by the manufacturer.